

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/29/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE LEAWOOD STATE LINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12724 STATELINE RD LEAWOOD, KS 66209		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	INITIAL COMMENTS The following citations represent the findings of a re-visit conducted at the above named assisted living facility on 12/28/15 and 12/29/15.	{S 000}		
{S3125} SS=D	26-41-203 (c) Respite Care Services c) Respite care services. Any administrator or operator of an assisted living facility or residential health care facility may provide respite care services to individuals who meet the facility's admission and retention criteria on a short-term basis if the administrator or operator ensures that the following conditions are met: (1) Written policies are developed and procedures are implemented for the provision of respite care services. (2) All the requirements for admission of a resident to an assisted living facility or residential health care facility are met for an individual admitted for respite care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-203(c) The census included 32 residents. Four residents were sampled. Based on interview and review of records, for one of one sampled admitted to facility as a respite the operator failed to ensure written policies developed and implemented for the provision of respite care services Findings included: - Record review revealed #1417 admitted to facility respite care on 4/24/15 with diagnoses of dementia, insomnia, agitation and pain.	{S3125}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{S3125}	Continued From page 1 Record review revealed Residency Agreement dated April 14, 2015, with addendum signed 4/24/15, for a term of 14 days, and 30 day respite care addendums, for May 9th to June 8th signed 5/6/15 and for June 8th to July 6th signed on 6/1/15, and addendum for July 7th to January 31st (with no period of days indicated), signed on 12/21/15. Interview 12/28/15 at 4pm with licensed staff #A, stated resident (#1417) has been at facility consistently without leaving since he/she was admitted on 4/24/15. Interview on 12/28/15 at 425 pm with executive director stated resident is still respite because family doesn't want to pay community fee of \$3000 until the house is sold. The operator failed to ensure written policies developed and implemented for the provision of respite care service by providing services continuously for a respite resident for over 8 months.	{S3125}		
{S3265} SS=F	26-41-104 (a) Disaster and Emergency Preparedness (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location.	{S3265}		

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{S3265}	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-104(a) The facility reported a census of 32 residents. The sample included 4 residents. The facility identified all residents with impaired cognitive status. Based on observations, record review and interview for all residents and employees, the Operator had failed to conduct an emergency evacuation to determine the number of staff members needed to evacuate residents to a secure location in an emergency or disaster.</p> <p>Findings included:</p> <p>The facility self-identified as a memory care provider. The resident roster documented all residents with cognitive impairment. The resident roster documented 7 residents in need of two person transfers. Entrance tour on 12-18-15 beginning at 11:30 am revealed general living areas for dining, activities and relaxation in the central hub of the building. Four halls or pods extended from this central hub, forming four separate units. The four units consisted of nine resident rooms, laundry and bathing areas, storage areas and desk areas with outside exits. Each unit exit and the main front door exit equipped with magnetic key pad locks, designed to release if the fire alarm sounded.</p> <p>On 12-28-15 licensed staff A identified the following intended staffing pattern: Day shift (7:00 am to 3:00 pm) - one LPN (Licensed Practical Nurse), one CMA (Certified Medication Aide), and four CNAs (Certified Nurse Aides). Evening shift (3:00 pm to 11:00 pm) - one LPN and 4 CNAs. Night shift (11:00 pm to 7:00 am) -</p>	{S3265}		

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{S3265}	<p>Continued From page 3</p> <p>one CNA and one CMA. Stated they had plans to add a third person to the night shift but confirmed the facility had not added additional staff on the night shift. Licensed staff A stated "we have not had any shifts covered so far, the Executive Director put out an ad for a full time night shift CNA." Confirmed the facility had not hired a CNA yet but had hired an LPN who wouldn ' t be able to start until 1-11-16. Stated "we have 3 nights next week covered. "</p> <p>Surveyors determined in the event of a disaster or emergency evacuation, two staff on duty would be extremely challenged to move 7 two-person transfer residents to safety and simultaneously guide/coax/assist 25 additional cognitively impaired residents to safety. If the disaster or emergency event was a fire, all five doors would also be released, allowing cognitively impaired residents to exit without monitoring for safety once outside the building.</p> <p>On 12-28-15 at 4:25 pm the Executive Director confirmed the facility had not performed an evacuation drill on the night shift to determine that all residents could be safely evacuated with the two staff as scheduled.</p> <p>By review, the facility performed a "Disaster Drill" on 12-22-15 at 6:40 am with 2 employees and no resident participation; a "Fire Drill" on 12-22-15 at 6:20 am with 2 employees and no resident participation.</p> <p>For all residents and employees of the facility, the Operator had failed to conduct an emergency evacuation to determine the number of staff members needed to evacuate residents to a secure location in an emergency or disaster.</p>	{S3265}		